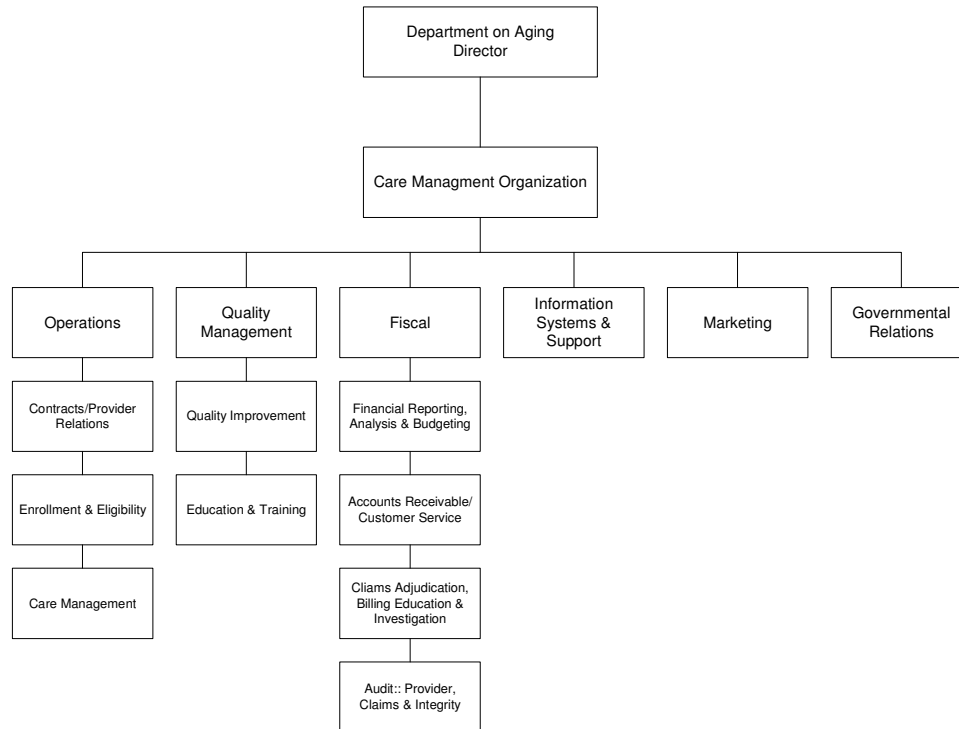


DEPARTMENT ON AGING - CARE MANAGEMENT ORGANIZATION (7990)



MISSION

Milwaukee County's Family Care, Care Management Organization respects the dignity and personal autonomy of each Member by honoring choice and promoting the Member's continued participation in the life of their community, by providing a continuum of quality cost-effective long-term care to its Members, and by supporting the families and caregivers of its Members. As a comprehensive and flexible long-term care service delivery system, Family Care strives to foster an individual's independence and quality of life while recognizing the need for interdependence and support.

OBJECTIVES

- Provide Family Care benefit to eligible adults and eliminate waiting lists for individuals with physical and developmental disabilities age 18 to 60.
- Enhance administrative infrastructure of CMO, improve quality of care management while maintaining solvency.
- Enhance Care Management Unit education and training curriculum.

Budget Summary

	2010	2009/2010 Change
Expenditures	257,068,240	(4,445,444)
Revenue	257,068,240	(4,447,367)
Levy	0	1,923
FTE's	90.1	(1.3)

Major Programmatic Changes

- Expand program to serve individuals with disabilities 18-60 years old
- Must compete with other CMO's in Milwaukee County

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- Improve marketing and communication initiatives.

DEPARTMENTAL PROGRAM DESCRIPTION

Care Management Organization

Milwaukee County Department on Aging (MCDA) has successfully operated a Family Care program for people age 60 and older since July 2000. This program serves all target groups in accordance with the home and community-based waivers granted to the State of Wisconsin by the US Department of Health and Human Services to serve people with physical disabilities, developmental disabilities and the elderly in a managed long-term care program in Milwaukee County.

The MCDA-CMO has met certification requirements each year since original certification in July 2000. The MCDA-CMO has entered into the Health and Community Supports Contract each year since the inception of the Family Care program. This contract has never been terminated.

The MCDA-CMO responded to a request for proposal issued by the State of Wisconsin in 2004 to provide the Family Care benefit to people age 60 and older in Milwaukee County. As the result of that RFP process, the MCDA-CMO was granted the exclusive right to continue to offer Family Care in Milwaukee County.

CMO Governance Structure

The MCDA-CMO currently meets all statutory requirements for a Family Care Governing Board (the Board), s.46.284 (6), including having a board that reflects the ethnic and economic diversity of the geographic area served by the Care Management Organization.

The Board, per Milwaukee County Ordinance 16.02, provides the MCDA-CMO with oversight and guidance in carrying out its mission under the Family Care program as provided under Wis. Stats. s. 46.284, including policy recommendations and other actions meeting improvements in operations, fiscal accountability and reporting, and quality assurance.

In addition, the Board advises the County Board of Supervisors and County Executive at least annually on the performance and financial condition of the program. The Board has three standing sub-committees, Operations; Quality and Finance which meet monthly with recesses in July and December.

The Governing Board currently consists of sixteen (16) members, reflecting the ethnic and economic diversity of Milwaukee County. The membership of the Board is required to include representation by at least five (5) people or their family members, guardians, or other advocates who are representative of the CMO membership. The remaining Board membership must consist of people residing in Milwaukee County with recognized ability and demonstrated interest in long-term care and managed care and up to three (3) members of Milwaukee County Board of Supervisors or other elected officials.

CMO Management Staff

The MCDA-CMO is a unique partnership of County and long-term contracted personnel. Partnering with community based long-term care organizations has allowed the MCDA-CMO to successfully meet the outcomes of a culturally diverse, economically disadvantaged population who frequently face complex social issues. The MCDA-CMO is organized around functional units with key managers who bring a wealth of institutional knowledge to the program participating on the Senior Management Team. The functional teams include:

- Care Management Administration
- Operations
 - Contract/Provider Relations
 - Enrollment and Eligibility
- Fiscal Management
 - Claims Management

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- Compliance
- Quality Management
 - Training and Education
- Information Management

Each team has a unique set of responsibilities and is accountable for meeting explicit performance outcomes. The Chief Financial Officer; Chief Information Officer; Chief Operating Officer and Chief Clinical Officer are contracted personnel who report directly to the CMO Director.

Care Management Teams

A key component of the CMO is the interdisciplinary team. Each Family Care member is assigned to an Interdisciplinary Team (IDT) upon enrollment. These assignments are done according to a cascading algorithm that considers member choice, needs, and capacity of teams when making assignments.

The IDTs are organized into Care Management Units (CMUs). CMUs may be public or private sponsored entities. Since the CMO's inception, MCDA has purposefully and deliberately integrated the expertise of the long-term care and disability community into the Family Care program. By partnering with private care management firms, local non-profits, health care systems, adult day cares and home health providers; the MCDA-CMO has been able to ensure organizational capacity for all eligible members.

Each CMU is staffed with a CMU Administrator, one or more Lead Supervisors, and registered nurses, care managers and support staff. The IDTs consist of no less than the member, the care manager and the registered nurse. The IDT is the unit responsible for identifying member outcomes, authorizing services from the provider network, coordinating the member's health care and monitoring the member's plan of care.

Contracts/Provider Relations

The MCDA-CMO recognizes the importance of a proactive approach to meet the needs of members with the provider network. In addition to the Contract Manager, the Contract and Network Division includes a team of Contract Services Coordinators with direct responsibility for provider development in assigned service areas. In addition, the MCDA-CMO recently added the position of Contract Surveyor to assist in development and maintenance of tools and processes to assure compliance with contract requirements for all providers. The current provider network includes a range of culturally competent providers in key service areas. This includes alternative residential services, home health care, supportive home care and transportation. Milwaukee County is easily identifiable as the most culturally diverse county in the State of Wisconsin. Milwaukee County also has a disproportionate number of people, including adults, living at or below the poverty level. These two factors when considered together lead inevitably to a membership that is diverse and that requires a provider network that reflects that diversity.

The capacity of the network to meet member needs is monitored via constant feedback from the care management teams, utilization reports, periodic analysis of the geographic distribution of members and providers and accessibility of services (services are physically accessible and available on a timely basis). Lack of provider capacity or choice is seldom an issue.

Enrollment and Eligibility

The MCDA-CMO has an Enrollment and Eligibility Coordinator who is responsible for ensuring accurate and timely information sharing about eligibility and enrollment among the CMO, Aging Disability Resource Center's (ADRC) and County Income Maintenance (IM) units.

County IM units have a key role in determining initial financial eligibility, doing financial eligibility redeterminations, and adjusting cost share obligations resulting from changes in expenses or other situations incurred by members. This daily sharing of information between IM units and the MCDA-CMO is essential to ensure that all members are eligible to receive Family Care services and that they are paying the appropriate cost share amount.

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Fiscal Management

The fiscal team, led by the Chief Financial Officer, develops the necessary financial services infrastructure to support the CMO operations and strategic plan. The CFO provides oversight and management of financial operations including supervision of fiscal staff and assists the CMO Director in the integration of the financial services with operations to support the strategic plan.

There are comprehensive policies in place for the appropriate adjudications of claims; collection of member obligation and room and board as well as adjudication of provider appeals. The CFO also works closely with DHS staff to insure the program remains in compliance with the Health and Community Supports Contract.

Training and Education

The MCDA-MCO offers a comprehensive multidimensional training program for all primary care management teams that includes demonstration of competency in the Family Care Care Management model. All new care managers and nurses complete a Family Care Practicum during their initial six months of employment. The care manager and nurse demonstrate competency through care management review and chart audits conducted by the CMU supervisor and Best Practice Team. The MCDA-MCO Education and Training Director in consultation with the Education Sub-Committee of the MCO Governing board, oversees the Interdisciplinary Team (IDT) training.

Information Management

The MCDA-CMO front line staff including: care managers, nurses, supervisors, management, fiscal, administrative staff, DHS staff and the State's external quality review contractor all use the Member Information Documentation and Authorization System (MIDAS).

Each member's assessments, case notes, team care plan, eligibility information, level of care information, service authorizations, medication information, advance directives, placement information, support contacts, diagnosis information, wellness information, immunization information, member obligation history, and cost history are available in MIDAS, the web-based information system.

This web-based integrated information system has been developed over the past 9 years to specifically meet the care management, quality assurance, provider network, fiscal management and reporting needs for the MCDA-CMO.

2010 BUDGET

Approach and Priorities

- Maintain a solvent, high quality outcome-based program;
- Budget for expansion in 2010 to expand the Family Care benefit in Milwaukee County to individuals with disabilities between the ages of 18 to 60;
- Design new organizational structure that is a separate entity as required by the Wisconsin Department of Health Services (DHS);
- Contain the rise in para-transit costs through the use of the New Freedom pass;

Programmatic Impacts

- MCDA-CMO currently serves 6,835 members in Family Care.
- An additional 791 clients are estimated to be served in 2010 due to Family Care Expansion.
- MCDA-CMO will be working in coordination with Transit to encourage para-transit users to utilize alternative means of transportation, primarily fixed route and taxi services.

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Budget Highlights

Wage and Benefit Modifications

\$0

This budget includes an expenditure reduction of \$534,573 based on the changes described in the non-departmental account for wage and benefit modifications (Org-1972). There is a corresponding revenue offset of \$534,573 for a total tax levy savings of \$0.

Expanding Family Care

In 2000, the Milwaukee County CMO was one of five pilot organizations in Wisconsin to begin coordinating all long term care services, including home and community based services and institutional services for eligible elders who require publicly funded long term care services. The CMO submitted a successful proposal to DHS in 2008 to expand services to individuals with disabilities under age 60 and anticipates receiving certification approval by DHS as an expanded CMO in November 2009. The CMO is currently a division within the Milwaukee County Department on Aging (MCDA). However, as the program expands, DHS requires the CMO to be separate from the MCDA and function as its own department to avoid any conflict of interest with the Resource Center as the Resource Center provides options counseling for members enrolling in all CMO's operating in the County of Milwaukee.

The CMO has established a robust network of 901 providers to provide services for its current members and new enrollees from the Disability Services Division. All providers must be HIPPA compliant. The CMO's contract with the DHS requires the CMO to continually monitor the provider network to ensure that service capacity and access are managed in accordance with current and anticipated new member service demands. The CMO is continuing to expand the provider network as needed to increase the capacity to serve persons with disabilities age 18-60 and has experienced a growth in the network by nearly 30% during the past year.

Position Actions Related to the Additional MCO within Milwaukee County

Due to the presence of a second managed care organization, the CMO anticipates serving fewer members and thus requiring less staff. Family Care Expansion was initially planned for a single CMO and an April 1, 2009 start date. The State delayed expansion until November 1st 2009 and allowed Milwaukee County and a private organization to run competing managed care organizations.

- The CMO abolishes the following vacant positions: 1.0 FTE Office Support Asst 1, 1.0 FTE Fiscal Asst 1, 2.0 FTE Accountant 2, 1.0 FTE Accountant 3, 1.0 FTE Accounting Coordinator (Aging), 2.0 FTE Performance Evaluator 3, 2.0 FTE Health Care Plan Specialist 1, 2.0 FTE Contract Service Coordinators, 1.0 FTE Fiscal and Management Analyst, 1.0 FTE Client/Provider Liaison, 1.0 FTE LTC Functional Screener positions, 1.0 HSW, and 2.0 RN 2.
- These actions are offset by the creation of 1.0 FTE Administrative Specialist (CMO), 1.0 FTE Health Care Plan Specialist Supervisor, 1.0 FTE Health Care Plan Specialist II is created and 1.0 FTE Health Care Plan Specialist II is transferred from BHD, 1.0 FTE Senior Financial Analyst (CMO), 1.0 FTE Quality Assurance Coordinator (ATR), 1.0 FTE Fiscal Analyst transferred from MCDA to CMO. 6.5 FTE Human Service Worker and 3.25 FTE RN2 Adult Service Division transferred from DSD to CMO.
- The CMO is creating additional positions to support the necessary infrastructure and increased demands for expansion of the Family Care program in Milwaukee County that will best suit the departments needs in light of competition. Expenditures related to these position create and abolishments results in a decrease of \$31,688.

Transportation Services

In 2009, the CMO co-pay increased to \$10.80. This remains below the actual cost of a Para-transit ride, which exceeds \$25. The increase in co-pay resulted in an approximate annual increase in cost of \$1.2 million to the CMO.

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In 2010 the CMO will focus on the use of "New Freedom Passes" to more effectively control utilization of Para-transit services. The New Freedom bus pass is a County program that allows unlimited transportation on County buses for conditionally eligible paratransit users. Currently, the MCDA-CMO is identifying all Family Care members who are conditionally eligible for Para-transit services and will insure all IDT staff for those members are aware of the resource and consider it as an option when determining transportation services necessary to meet member outcomes. The CMO expects to save \$744,732 in 2010 by encouraging paratransit van users to seek alternative modes of transportation, primarily through taxi and fixed route services. There are also corresponding net decreases in the paratransit budget. The chart below outlines these utilization savings.

2010 Projected Paratransit Utilization Savings

<u>Cost Savings Area</u>	<u>Projected Annual Cost Savings</u>	<u>Increase/ (Decrease) Van Rides</u>	<u>Increase/ (Decrease) Taxi Rides</u>
20% of members that only use van would switch to taxi	\$398,190.43	(36,669)	36,669
60% of members that use van and taxi will switch to just taxi	\$182,049.53	(13,485)	13,485
50% reduction in rides used for recreation/personal purposes	\$58,316.00	(4,780)	
25% of members eligible for the Freedom pass will stop van	\$52,713.15	(4,321)	
2% reduction due to residential facilities providing transportation	\$53,463.45	(7,012)	
Totals	\$744,732.56	(66,267)	50,154

The CMO will work with identified residential and day service providers who provide transportation to insure members utilize these services where appropriate.

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BUDGET SUMMARY				
Account Summary	2008 Actual	2009 Budget	2010 Budget	2009/2010 Change
Personal Services (w/o EFB)	\$ 2,963,099	\$ 5,461,402	\$ 5,117,108	\$ (344,294)
Employee Fringe Benefits (EFB)	1,896,868	3,442,923	3,668,652	225,729
Services	3,924,356	5,198,521	5,204,000	5,479
Commodities	52,053	50,776	114,693	63,917
Other Charges	187,363,367	244,286,254	240,723,935	(3,562,319)
Debt & Depreciation	0	0	0	0
Capital Outlay	56,746	8,752	78,752	70,000
Capital Contra	0	0	0	0
County Service Charges	2,313,612	3,105,056	2,246,580	(858,476)
Abatements	0	(40,000)	(85,480)	(45,480)
Total Expenditures	\$ 198,570,101	\$ 261,513,684	\$ 257,068,240	\$ (4,445,444)
Direct Revenue	197,735,155	261,000,161	257,068,240	(3,931,921)
State & Federal Revenue	393,974	515,446	0	(515,446)
Indirect Revenue	0	0	0	0
Total Revenue	\$ 198,129,129	\$ 261,515,607	\$ 257,068,240	\$ (4,447,367)
Direct Total Tax Levy	440,972	(1,923)	0	1,923

Note: A 2009 Budget Transfer in the amount of \$14,813,588 Revenues and \$14,813,588 Expenditures is not included in the 2009 Budget above.

PERSONNEL SUMMARY				
	2008 Actual	2009 Budget	2010 Budget	2009/2010 Change
Position Equivalent (Funded)*	60.4	91.4	90.1	(1.3)
% of Gross Wages Funded	100	100	100	0
Overtime (Dollars)	\$ 60,545	\$ 46,200	\$ 46,272	\$ 72
Overtime (Equivalent to Position)	1.0	0.9	0.9	0.0

* For 2008 Actuals, the Position Equivalent is the budgeted amount.

** For 2010 Budget, overtime figures do not include reductions described in org. 1972 and total (\$11,830).

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PERSONNEL CHANGES						
Job Title/Classification	Title Code	Action	# of Positions	Total FTE	Division	Cost of Positions (Salary Only)
Office Support Asst 1	00004	Abolish	(1.00)	(1.00)	Expansion - DSD	\$ (28,366)
Fiscal Asst 1	04038	Abolish	(1.00)	(1.00)	Expansion	(31,742)
Accountant 2	04200	Abolish	(2.00)	(2.00)	Expansion	(81,484)
Accountant 3	04300	Abolish	(1.00)	(1.00)	Expansion	(46,428)
Accounting Coord (Aging)	04435	Abolish	(1.00)	(1.00)	Expansion	(63,517)
Performance Evaluator 3	04510	Abolish	(2.00)	(2.00)	Expansion	(108,752)
Health Care Plan Specialist I	04910	Abolish	(2.00)	(2.00)	CMO	(73,348)
Contract Service Co-ord	55731	Abolish	(2.00)	(2.00)	Expansion - DSD	(116,752)
Fiscal and Mgmt Analyst	12220	Abolish	(1.00)	(1.00)	Expansion	(67,064)
Human Service Worker	56300	Abolish	(1.00)	(1.00)	CMO	(51,288)
RN 2 Adult Svs Div	44720	Abolish	(2.00)	(2.00)	CMO	(135,130)
Sr. Financial Analyst (CMO)	Z0011	Create	1.00	1.00	CMO	64,674
Client/Provider Liaison	57961	Abolish	(1.00)	(1.00)	Expansion	(55,932)
LTC Functional Screener	04525	Abolish	(1.00)	(1.00)	Expansion	(55,859)
Administrative Spec. (CMO)	Z0010	Create	1.00	1.00	CMO	41,437
Health Care Plan Sp Supv.	04905	Create	1.00	1.00	CMO	53,680
Health Care Plan Specialist II	04950	Create	1.00	1.00	CMO	39,506
Health Care Plan Specialist II***	04950	Transfer In	1.00	1.00	CMO	39,506
Quality Ass. Coord (ATR)	58025	Create	1.00	1.00	CMO	59,045
Fiscal Analyst 2*	04462	Transfer In	1.00	1.00	CMO	54,286
Human Service Worker**	56300	Transfer In	14.00	6.50	CMO	333,372
RN 2 Adult Svs Div**	44720	Transfer In	3.25	3.25	CMO	216,300
					TOTAL	\$ (13,856)

* This position was transferred from MCDA to CMO

**These positions were transferred from DSD to CMO

*** One Health Care Plan Specialist II is a transfer from BHD

All abolished positions are vacant

All departments are required to operate within their expenditure appropriations and their overall budgets. Pursuant to Section 59.60(12), Wisconsin Statutes, "No payment may be authorized or made and no obligation incurred against the county unless the county has sufficient appropriations for payment. No payment may be made or obligation incurred against an appropriation unless the director first certifies that a sufficient unencumbered balance is or will be available in the appropriation to make the payment or to meet the obligation when it becomes due and payable. An obligation incurred and an authorization of payment in violation of this subsection is void. A county officer who knowingly violates this subsection is jointly and severally liable to the county for the full amount paid. A county employee who knowingly violates this subsection may be removed for cause."